

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Please type or print in ink.

NAME OF FILER	(LAST)	· · · · · · · · · · · · · · · · · · ·	(FIRST)	Ž	114 (1A.C.) 9(MIDTOLE) 3: U	
Lolas		George				
1. Office, Agency, or Court			***************************************			
Agency Name (Do not use acrony	/ms)			, .		
State Controller's Office	•					
Division, Board, Department, District, if applicable			Your Position	Your Position		
Executive Office			Chief Op	Chief Operating Officer		
▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms)						
Agency:	•		Position:			
2. Jurisdiction of Office (Ch	eck at least one box)					
✓ State			☐ Judge or C	☐ Judge or Court Commissioner (Statewide Jurisdiction)		
Multi-County			County of	County of		
City of			Other	☐ Other		
3. Type of Statement (Check						
Annual: The period covered is January 1, 2013, through December 31, 2013.				Leaving Office: Date Left/		
The period covered is/, through December 31, 2013.				 The period covered is January 1, 2013, through the date of leaving office. 		
Assuming Office: Date assumed/				The period covered is, through the date of leaving office.		
Candidate: Election year	and	d office sought, it	f different than Part 1;			
. Schedule Summary						
Check applicable schedules or "N	one."	► Tota	I number of page	s including this	cover page:	
Schedule A-1 - Investments - s		, `			ness Positions - schedule attached	
✓ Schedule A-2 · Investments – schedule attached Schedule B - Real Property – schedule attached				Schedule D - Income - Gifts - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached		
Schedule D - Real Floperty ~ 8	chequie allacheu		Schedule E - Inc	ome – Gits – Travei	Payments – schedule attached	
or- None - No reportable interests on any schedule						
Verification						
MAILING ADDRESS STREET (Business or Agency Address Recommended -	Public Document)	CITY	**************************************	STATE	ZIP CODE	
300 Capital Matt,	Suite 1850,	Sacramento) E-MAIL ADDRESS (OPTIO	CA	95814	
(916) 552-8080			E-IVIAIL ADDRESS (OPTIO	NAL)		
I have used all reasonable diligence in herein and in any attached schedules					nowledge the information contained	
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct						
Date Signed	<i>L</i>		gnature			
(month, day,	year)		(Fi	le the originally signed statem	ieni wiin your niing official.)	

SCHEDULE A-2 Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
George Lolas

▶ 1, BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST			
George Lolas				
Name	Name			
7632 Excelsior Ave., Orangevale, CA 95662				
Address (Business Address Acceptable)	Address (Business Address Acceptable)			
Check one	Check one			
☐ Trust, go to 2 ☑ Business Entity, complete the box, then go to 2	☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2			
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS			
Internet Based Auctions				
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:			
 	\$0 - \$1,999			
\$2,000 - \$10,000//13//13//13/	\$2,000 - \$10,000			
\$10,001 - \$100,000 ACQUIRED DISPOSED \$100,001 - \$1,000,000	\$10,001 - \$100,000 ACQUIRED DISPOSED \$100,001 - \$1,000,000			
Over \$1,000,000	Over \$1,000,000			
NATURE OF INVESTMENT	NATURE OF INVESTMENT			
Partnership 📝 Sole Proprietorship 🗌	Partnership Sole Proprietorship Olher			
li II	Oriei			
YOUR BUSINESS POSITION Owner	YOUR BUSINESS POSITION			
➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)			
S0 - \$499	\$0 - \$499 \$10,001 - \$100,000			
\$500 - \$1,000 OVER \$100,000	S500 - \$1,000 OVER \$100,000			
\$1,001 - \$10,000	\$1,001 - \$10,000			
▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF	➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF			
INCOME OF \$10,000 OR MORE (Attach a separato sheet if necessary.)	INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)			
√ None	None			
► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST	► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST			
Check one box:	Check one box:			
☐ INVESTMENT ☐ REAL PROPERTY	☐ INVESTMENT ☐ REAL PROPERTY			
Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property	Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property			
Description of Business Activity or City or Other Precise Location of Real Property	Description of Business Activity or City or Other Precise Location of Real Property			
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:			
\$2,000 - \$10,000	\$2,000 - \$10,000			
\$10,001 - \$100,000	\$10,001 - \$100,000			
\$100,001 - \$1,000,000 ACQUIRED DISPOSED	\$100,001 - \$1,000,000 ACQUIRED DISPOSED			
Over \$1,000,000	Over \$1,000,000			
NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership	NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership			
Leasehold Other	Leasehold Other			
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached			

Comments:____